

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	IND	DEP
1	1											
2		1										
3		1										
4		1										
5		1										
6		1										
7		1										
8		1										
9		1										
10		1										
11		1										
12	1											
13	1											
14	1											
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42	1											
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL IND.	4											
TOTAL DEP.	10											
TOTAL CLAIMS	14											